

<i>SERFF Tracking Number:</i>	<i>FRCS-127088418</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Knights of Columbus</i>	<i>State Tracking Number:</i>	<i>48665</i>
<i>Company Tracking Number:</i>	<i>5501</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.121 Graded Premium - Single Life</i>
<i>Product Name:</i>	<i>Graded Premium 808 12-11</i>		
<i>Project Name/Number:</i>	<i>KOFC/151/151</i>		

Filing at a Glance

Company: Knights of Columbus	SERFF Tr Num: FRCS-127088418	State: Arkansas
Product Name: Graded Premium 808 12-11	SERFF Status: Closed-Approved-	State Tr Num: 48665
TOI: L07I Individual Life - Whole	Closed	
Sub-TOI: L07I.121 Graded Premium - Single Life	Co Tr Num: 5501	State Status: Approved-Closed
Filing Type: Form	Reviewer(s): Linda Bird	
	Disposition Date: 05/05/2011	
	Disposition Status: Approved-Closed	
	Implementation Date:	
Implementation Date Requested: On Approval		
State Filing Description:		

General Information

Project Name: KOFC/151	Status of Filing in Domicile: Pending
Project Number: 151	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Submttd on or about this same date.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 05/05/2011
	State Status Changed: 05/05/2011
Deemer Date:	Created By: Exselsa Cartwright
Submitted By: Exselsa Cartwright	Corresponding Filing Tracking Number:
Filing Description:	
We have been retained by Knights of Columbus (the Order) to file the above-referenced form for approval in your state.	
Our fee of \$50.00 has been sent by EFT on this same date.	

The Knights of Columbus is a fraternal society.

Contract 808-AR 12-11 is a participating individual whole life insurance policy which provides a guaranteed level death benefit for life. Premiums are level for five years (a step) and then increase 25% at each successive step for a

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<i>Company Tracking Number:</i>	<i>5501</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.121 Graded Premium - Single Life</i>
<i>Product Name:</i>	<i>Graded Premium 808 12-11</i>		
<i>Project Name/Number:</i>	<i>KOFC/151/151</i>		

maximum of five steps. The premiums will not increase after attained age 75 and are payable to age 100.

Application 600D-AR 1-09, which was approved by your Department on 04/18/08, your file number FRCS-125601792 DOI# 38674, will be used with this contract.

Those riders which may also be used with this contract are listed on the previously approved forms list, which has been attached for information.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Exselsa Cartwright, Senior Compliance Specialist	exselsa.cartwright@firstconsulting.com
1020 Central Suite 201	800-927-2730 [Phone] 2757 [Ext]
Kansas City, MO 64105	816-391-2755 [FAX]

Filing Company Information

(This filing was made by a third party - FC01)

Knights of Columbus	CoCode: 58033	State of Domicile: Connecticut
1 Columbus Plaza	Group Code:	Company Type:
New Haven, CT 06507-3326	Group Name:	State ID Number:
(203) 752-4266 ext. [Phone]	FEIN Number: 06-0416470	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form.
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Knights of Columbus	\$50.00	05/03/2011	47225739

SERFF Tracking Number: *FRCS-127088418*

State: *Arkansas*

Filing Company: *Knights of Columbus*

State Tracking Number: *48665*

Company Tracking Number: *5501*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.121 Graded Premium - Single Life*

Product Name: *Graded Premium 808 12-11*

Project Name/Number: *KOFC/151/151*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/05/2011	05/05/2011

SERFF Tracking Number: FRCS-127088418

State: Arkansas

Filing Company: Knights of Columbus

State Tracking Number: 48665

Company Tracking Number: 5501

TOI: L071 Individual Life - Whole

Sub-TOI: L071.121 Graded Premium - Single Life

Product Name: Graded Premium 808 12-11

Project Name/Number: KOFC/151/151

Disposition

Disposition Date: 05/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Previously approved forms list		Yes
Form	Graded Premium Individual Whole Life Insurance Contract		Yes

SERFF Tracking Number:	FRCS-127088418	State:	Arkansas
Filing Company:	Knights of Columbus	State Tracking Number:	48665
Company Tracking Number:	5501		
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Form Schedule

Lead Form Number: 808-AR 12-11

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	808-AR 12-11	Policy/Cont ract/Fraternal Insurance Certificate	Graded Premium Individual Whole Life Insurance Contract	Initial		53.200	808-AR 12-11.pdf

Knights of Columbus

A Fraternal Benefit Society
[One Columbus Plaza
New Haven, Connecticut 06510-3326
Phone Number: (800) 524-3611]

INSURED	[JOHN DOE]	[SEP15, 2011]	REGISTER DATE
ISSUE AGE AND SEX	[35] [MALE]	[9999999]	CONTRACT NUMBER
ISSUE DATE	[SEP 15, 2011]	[\$100,000]	CONTRACT AMOUNT

LIFE INSURANCE CONTRACT



This is a legal contract between you and
the Knights of Columbus.

Please Read This Contract Carefully.

We agree, subject to this Contract's provisions, to pay
the proceeds to the beneficiary, if the Insured dies
while this Contract is in force.

Signed for the Knights of Columbus
at its Supreme Office at [New Haven, Connecticut].

[

]

Supreme Secretary

[

]

Supreme Knight

**WHOLE LIFE INSURANCE
PARTICIPATING**

**GRADED PREMIUMS
PAYABLE TO AGE 100**

RIGHT TO CANCEL

You may cancel this Contract within 10 days (30 days if this Contract is a replacement Contract) of receiving it by returning it to us at [One Columbus Plaza, New Haven, Connecticut 06510] or to the agent from whom you bought it. As soon as you deliver or mail this Contract it is void from the start, and we will refund all premiums payments.

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DEFINITIONS

1. **Annual Contract Date:** The same month and day as the Register Date listed on the Contract Specifications for the years after the Register Date.
2. **Application:** The attached application and all amendments of it.
3. **Beneficiary, Beneficiaries:** The person or persons who will receive the proceeds of this Contract.
4. **Contract:** This Contract of insurance.
5. **Contract Year:** The twelve month period following the Annual Contract Date.
6. **Home Office:** The Knights of Columbus Supreme Office in [New Haven, Connecticut].
7. **Insurance Age:** The Insured's age on the birthday nearest the Annual Contract Date.
8. **Issue Date:** The date, shown on the Contract Specifications, on which the Contract takes effect.
9. **Laws:** The Charter, Constitution, Laws and any other rules of the Order, as amended from time to time.
10. **Premium:** The amounts to be paid by you shown on Contract Specifications.
11. **Register Date:** The date, shown on the Contract Specifications, on which the first premium is due.
12. **We, our, us, the Order, the Order's:** The Knights of Columbus.
13. **You, Your:** The Owner of this Contract.

CONTRACT SPECIFICATIONS

INSURED	[JOHN DOE]	[SEP 15, 2011]	REGISTER DATE
ISSUE AGE AND SEX	[35] [MALE]	[99999999]	CONTRACT NUMBER
ISSUE DATE	[SEP 15, 2011]	[\$100,000]	CONTRACT AMOUNT
 COUNCIL	 [99999]	 [TOBACCO]	 CLASS

AMOUNT OF CONTRACTUAL PREMIUMS FOR ALL BENEFITS IN YEAR 1	<u>EFT</u>	<u>MONTHLY</u>	<u>QUARTERLY</u>	<u>SEMI ANNUAL</u>	<u>ANNUAL</u>
	[\$ 81.00]	[\$ 85.00]	[\$ 249.00]	[\$ 488.00]	[\$ 939.00]

THE PREMIUM RATES FOR ALL BENEFITS INCLUDED IN THE ABOVE TOTAL PREMIUM ARE SHOWN BELOW.

FORM NUMBER	DESCRIPTION OF BENEFITS	BENEFIT AMOUNT	PREMIUM	
			YEARS PAYABLE	ANNUAL
808-AR 12-11	WHOLE LIFE INSURANCE	[\$100,000]	1 - 5	[\$ 939.00]
			6 - 10	[\$1,174.00]
			11 - 15	[\$1,465.00]
			16 - 20	[\$1,831.00]
			21 +	[\$2,291.00]

INSURED	[JOHN DOE]	[\$100,000.00]	CONTRACT AMOUNT
ISSUE			
AGE & SEX	[35] [MALE]	[99999999]	CONTRACT NUMBER

WHOLE LIFE INSURANCE

TABLE OF VALUES

END OF CONTRACT YEAR	ANNUAL CONTRACT DATE	INSURANCE AGE	GUARANTEED CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM YEARS	DAYS
1	[2012]	[36]	[0.00]	[0]	[0]	[0]
2	[2013]	[37]	[0.00]	[0]	[0]	[0]
3	[2014]	[38]	[0.00]	[0]	[0]	[0]
4	[2015]	[39]	[70.00]	[247]	[0]	[101]
5	[2016]	[40]	[673.00]	[2,291]	[2]	[141]
6	[2017]	[41]	[1,498.00]	[4,935]	[4]	[193]
7	[2018]	[42]	[2,331.00]	[7,434]	[6]	[42]
8	[2019]	[43]	[3,171.00]	[9,794]	[7]	[178]
9	[2020]	[44]	[4,012.00]	[12,005]	[8]	[231]
10	[2021]	[45]	[4,847.00]	[14,058]	[9]	[178]
11	[2022]	[46]	[5,944.00]	[16,718]	[10]	[170]
12	[2023]	[47]	[7,049.00]	[19,233]	[11]	[70]
13	[2024]	[48]	[8,160.00]	[21,607]	[11]	[283]
14	[2025]	[49]	[9,297.00]	[23,890]	[12]	[81]
15	[2026]	[50]	[10,458.00]	[26,080]	[12]	[192]
16	[2027]	[51]	[11,971.00]	[28,977]	[12]	[363]
17	[2028]	[52]	[13,509.00]	[31,747]	[13]	[117]
18	[2029]	[53]	[15,058.00]	[34,373]	[13]	[204]
19	[2030]	[54]	[16,612.00]	[36,850]	[13]	[266]
20	[2031]	[55]	[18,158.00]	[39,169]	[13]	[309]
Age 60	[2036]	[60]	[28,058.00]	[53,094]	[14]	[338]
Age 65	[2041]	[65]	[38,097.00]	[64,109]	[14]	[273]

GUARANTEED CONTRACT VALUES AND BENEFITS ARE BASED ON 4% INTEREST, THE USE OF CONTINUOUS FUNCTIONS AND THE [2001 COMMISSIONERS STANDARD ORDINARY (CSO) SMOKER MORTALITY TABLE, MALE, ULTIMATE ONLY, AGE NEAREST BIRTHDAY]

ANY VALUES NOT SHOWN IN THE ABOVE TABLE WILL BE FURNISHED UPON REQUEST.

DIVIDENDS ARE NOT GUARANTEED. SEE DIVIDENDS PAGE 4.

DEATH BENEFIT

Payment of Proceeds

Upon receipt of proof of the Insured's death while this Contract is in force, the proceeds will be paid to the beneficiary. The proceeds will be paid in one sum or as agreed to by you and the Order. Proceeds payable to the beneficiary in one sum may, at the election of the beneficiary, be paid under any settlement option offered by the Order at the time of the Insured's death.

If the proceeds are not paid within 30 days from the date the Order receives written due proof of death of the Insured, interest on the death proceeds at 8% per year.

Proceeds

Unless the Contract is continued under a nonforfeiture option, the proceeds payable at the death of the Insured will be the sum of:

1. the Contract Amount;
2. any dividends and interest thereon deposited with us as of the date of the Insured's death;
3. a fractional part of the dividend that would have been payable on the Annual Contract Date following the Insured's death. The fraction will equal the number of completed months from the last Annual Contract Date divided by twelve;
4. any premium paid beyond the month in which the Insured dies;
5. any insurance provided under dividend additions;

less:

6. any unpaid premium for the month in which the Insured dies; and
7. the unpaid balance of any loan and loan interest.

The proceeds will be sufficient to permit the contract to meet the definition of life insurance as set forth in section 7702 of the Internal Revenue Code of 1986.

Claims of Creditors

To the extent permitted by law, the proceeds will not be subject to claims of creditors.

DIVIDENDS

Dividends

This is a participating Contract. This means that dividends may be paid annually on the Contract from our surplus funds, if any, and apportioned to this Contract on an equitable basis as determined by our Board of Directors. You may choose to use dividends under any of these options:

1. paid in cash;
2. applied toward premium payments;
3. deposited with us to accumulate at interest. The rate of interest will be set by us from time to time, but at not less than 1.5% per year; or
4. used to buy dividend additions. These are paid-up additional amounts of insurance.

If on the dividend date you have not chosen one of these options, option 4 will apply.

Dividends deposited with us, plus interest thereon and the cash value of dividend additions may be withdrawn at any time, unless required as security for any loan.

GUARANTEED VALUES

Cash Value

The guaranteed cash values of this Contract are shown in the Table of Values on the Contract Specifications. The guaranteed cash values shown are as of the end of the Contract Year when all premium payments due have been made and when there are no loans. Guaranteed cash values during the Contract Year are determined by allowing for time elapsed and premium payments made during that Year.

The net cash value of this Contract is determined by adding the guaranteed cash value, any dividend deposits and the cash value of any dividend additions and subtracting the unpaid amount of any loans.

Cash Surrender

You may discontinue premium payments and surrender this Contract for its net cash value. This may be done upon your written request any time prior to the 60th day after the first unpaid premium. If surrendered within 30 days following a contract anniversary the value available will not be less than the anniversary value. We may defer this payment of net cash value for up to six months.

Nonforfeiture Options

If this Contract has net cash value, you may discontinue premium payments and elect one of the nonforfeiture options described below:

1. **Paid-Up Insurance** – You may continue this Contract in force as Paid-Up Insurance which takes effect as of the due date of the first unpaid premium. The amount of Paid-Up Insurance is the amount the net cash value can purchase as a net single premium. If the net cash value equals the guaranteed cash value, the amount of Paid-Up Insurance will be that shown in the Table of Values. Paid-Up Insurance is participating. Its own net cash value is the present value of future Paid-up Insurance adjusted for loans and dividends and which may be obtained at any time by surrendering this Contract. If the Contract is surrendered within 31 days after any Annual Contract Date, the cash value will not be less than that on such Date. At the Insured's death, the Paid-Up Insurance will be adjusted for loans and dividends placed under options 3 and 4.
2. **Extended Term Insurance** – You may continue this Contract in force as nonparticipating Extended Term Insurance. The amount of this Extended Term Insurance will be the Contract Amount less the unpaid amount of any loan. The limited time during which the Contract continues in force will begin at the date the first unpaid premium was due. The duration of this Extended Term Insurance is the duration of the extended term insurance that the net cash value can purchase as a net single premium. If the net cash value equals the guaranteed cash value, the duration will be that shown in the Table of Values. The net cash value of the Extended Term Insurance is the present value of the future Extended Term Insurance which may be obtained at any time by surrendering the Contract. If the Contract is surrendered within 31 days after any Annual Contract Date, the cash value will not be less than that on such date.

Extended Term Insurance is not available if this Contract is issued at a rated premium class.

Your written election of a nonforfeiture option may be made any time prior to the 60th day after the first unpaid premium. If you do not choose an option prior to this day, then the Extended Term Insurance option automatically takes effect as of the due date of the first unpaid premium, unless the Contract is issued at a rated premium class. If the Contract is issued as a rated class, the Paid-Up Insurance Option will automatically take effect.

Computation of Values

A detailed statement of the method of calculation has been filed with the state Insurance Department where this Contract is delivered. All values and benefits are not less than those required by law. The guaranteed cash values, paid-up insurance and extended term insurance and their cash value are based on the interest rate and mortality table shown in the Table of Values on the Contract Specifications and the use of continuous functions.

LOANS

Cash Loans

Unless this Contract is being continued as Extended Term Insurance, you may obtain a cash loan upon written request. Sole security for such a cash loan will be this Contract. We have the right to defer cash loan requests for up to six months unless the loan is for the purpose of premium payment. The amount of the cash loan may not exceed the sum of:

1. the guaranteed cash value at the next Annual Contract Date, and
2. the cash value of any dividend additions as of such date;

less:

3. any due and unpaid premium;
4. any existing loan; and
5. interest on the amount loaned to the next premium due date or the next Annual Contract Date, whichever is earlier.

Automatic Premium Loans

If this option has been requested in writing, and this Contract has net cash value, then any overdue premium not paid by the end of the Grace Period will be paid by automatic premium loan, if the net cash value is sufficient to pay it. If the net cash value is not sufficient this provision will not apply. You may revoke your written request at any time.

Loan Interest and Repayment of Loans

The Maximum Rate is the greater of the Published Monthly Average for the calendar month ending two months before the date on which we set our rate, or the rate used to compute the cash value during the applicable period plus 1% a year. The Published Monthly Average means Moody's Corporate Bond Yield Average – Monthly Average Corporates as published by Moody's Investors Services, Inc., or its successor. If Moody's Corporate Bond Yield Average – Monthly Average Corporates is no longer published, the Published Monthly Average will mean the rate set by the state Insurance Department where this Contract is delivered. Subject to the provisions of the next paragraph regarding changes in interest rate, our loan interest rate will not exceed the Maximum Rate.

The loan interest rate will be reviewed annually. On January 1st of each year, we will determine a new Maximum Rate. Our loan interest rate may be increased, by not less than ½%, to a rate equal to or less than the new Maximum Rate, if the new Maximum Rate is at least ½% higher than our loan interest rate for the preceding year. If the new Maximum Rate is ½% or more lower than our loan interest rate for the preceding year, our loan interest rate will be reduced to a rate equal to or less than the new Maximum Rate. We will give notice of the initial loan interest rate in effect when you make a loan. If you have an outstanding cash or premium loan, we will send reasonable advance notice of any increase in rate. All notices will be mailed to your, and any assignee's, last known address.

Loan interest is due on each Annual Contract Date. If the interest is not paid, it will be added to the principal and bear interest at the prevailing rate. This Contract will not terminate during a Contract Year as the sole result of an increase in interest rate during that Contract Year. Subject to this, if the loan exceeds the guaranteed cash value, any dividend deposits and the cash value of any dividend additions, this Contract terminates 31 days after we mail notice of termination.

All loans made prior to a nonforfeiture option taking effect may be repaid in whole or in part while the Contract is in force other than as Paid-Up Insurance or Extended Term Insurance. Any loan made after the Paid-Up Insurance option takes effect may be repaid while the Contract remains in force.

PREMIUM PAYMENTS AND REINSTATEMENT

Premium Payments

Premium payments, as shown on the Contract Specifications, must be paid in advance at the Home Office. The first one is due on the Register Date. You may request a change in the frequency of payment by notifying us in writing. Except as provided below, no premium payment will keep this Contract in force beyond the next premium due date.

Grace Period

There is a 31 day Grace Period to pay each premium, except the first. During this Grace Period, this Contract will remain in force. Any payments sent by U.S. mail shall be postmarked within the grace period.

Reinstatement

Should this Contract lapse for failure to make any payment due, it may be reinstated within three years of lapse, if it has not been surrendered for its net cash value. To reinstate this Contract you must:

1. submit proof of insurability which meets our standards;
2. make all overdue premium payments with compound interest at 6% per year; and
3. pay or reinstate any loans existing at the time of lapse, with compound interest at rate calculated in the Loan provision.

OWNERSHIP AND BENEFICIARY

Owner

The Insured is the Owner of this Contract unless:

1. another person is named as the Owner in the application;
2. the Contract is assigned, in which case the assignee shall be deemed the Owner; or
3. the Insured has not reached the age of 18 as of the date of application.

If the Insured has not reached the age of 18 as of the date of application, the applicant shall be deemed the Owner of the Contract unless:

1. the applicant designates some other person as Owner;
2. the Contract is assigned either to the Insured or to some other person; or
3. the applicant fails to make premium payments until the Insured reaches the age of 18. In such event, the Order shall designate as Owner either the Insured's legal guardian or the person who agrees to make premium payments.

The Owner may exercise all rights set forth in this Contract.

The Owner may transfer the ownership of this Contract. Written evidence of transfer satisfactory to us must be received at the Home Office. The transfer will then be effective as of the date it was signed by you, subject to any payments made or actions taken by us prior to receipt of this transfer.

Death of Owner

If the Owner is the parent or grandparent or spouse of the Insured, and the Insured has attained his or her 18th birthday upon the death of the Owner, all rights of the Owner shall pass to the Insured, unless otherwise provided by a contingent ownership designation. If the Owner is not the parent or grandparent or spouse of the Insured, or if the Insured has not attained his or her 18th birthday when the Owner dies, all rights of the Owner shall pass to the Owner's estate, unless otherwise provided by a contingent ownership designation.

Assignment

This Contract may be assigned. Unless otherwise specified by the Owner, an assignment shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by us prior to receipt of the notice. No assignment will bind us until we receive a signed copy at the Home Office. The Order is not responsible for the validity of assignments.

Beneficiary

The beneficiary is named in the application. While the Insured lives, the Owner may change the beneficiary, unless this right is restricted by operation of law or unless the Owner gives up this right.

Change of Beneficiary

To be binding, a change of beneficiary must be in writing and received at the Home Office. It will then take effect as of the date it was signed, but it will not apply to actions taken by us before it was received.

GENERAL PROVISIONS

Entire Contract

The following constitute the entire contract between you and the Order:

1. this Contract and any attached riders or endorsements;
2. the application, a copy of which is attached to this Contract; and
3. the Order's Laws. Any change in our Laws after the Issue Date will apply to this Contract, but benefits granted by this Contract will not be reduced by future changes in these Laws.

The consideration for this Contract is the application and the payment of premium. The laws of the state where this Contract is issued for delivery control the rights and duties of the owner and any person rightfully making claim under the provisions of this Contract.

Change or Waiver of Provisions

No subordinate council, agent or member of the Order may change or waive the provisions of this Contract. No change in this Contract is valid unless it is made in writing and signed on behalf of the Order by the Supreme Knight or the Supreme Secretary.

Statements in the Application

Statements in the application are representations, not warranties. No material statement will be used to void this Contract or to deny a claim, if it is not in the copy of the application attached to this Contract when issued.

Incontestability

We will not contest this Contract after it has been in force during the Insured's lifetime for two years from the Issue Date, except for nonpayment of premium.

This provision will apply anew from the date this Contract is reinstated with regard to statements made in an application for reinstatement.

Suicide Exclusion

If the Insured dies by suicide within two years after the Issue Date, we will pay only the total amount of premium payments, less any indebtedness.

Age and Sex

The Insured's Issue Age is stated on the Contract Specifications. It is the age on the Insured's birthday nearest the Register Date. If the Insured's age or sex is misstated, the Contract Amount will be that which the premium would have bought at the true age and sex according to Our rates at the date of issue. If the Insured was not an insurable age, the Contract Amount will be that which the premium would have bought at the correct age, according to the Order's promulgated rates and any extension thereof based on actuarial principles.

Currency

Every payment by or to the Order shall be in United States currency.

Maintenance of Solvency

The premium rates and benefits as specified in this Contract will not change. If the Order's reserves were to become impaired, the Board of Directors could require you to pay an equitable amount to eliminate the deficiency. Such amount could either be charged as a loan against the Contract with interest compounded at 5% per year, or with your consent, deducted from the insurance benefit.

Membership

Even if the applicant ceases to be a member of the Order, you may keep this Contract in force by making the required premium payments.

Spouse's Right to Apply for Insurance

In addition to the other rights and benefits provided under this Contract, after the Insured's death the Insured's spouse shall have the right to request insurance coverage: (1) on his or her life; and (2) on the lives of the Insured's minor children. This right must be exercised within one year following the Order's receipt of proof of the Insured's death. The insurance coverage requested will be issued, provided that satisfactory evidence of insurability is submitted to the Order. The date the insurance coverage takes effect will depend upon: (1) the rules of the Order; and (2) the date the Order accepts the evidence of insurability.

For the purposes of this provision, the following definitions apply: "insurance coverage" includes all plans of life insurance, annuities and long term care insurance offered by the Order at the age and premium class of the proposed insured or annuitant at the time of the exercise of this right; "Insured's minor children" includes all children, stepchildren and legally adopted children of the Insured who have not yet reached their 18th birthday as of the date insurance coverage is requested; and "Insured's spouse" means the person to whom the Insured is married as of the date of the Insured's death.

KNIGHTS OF COLUMBUS

A Fraternal Benefit Society

[New Haven, Connecticut]

WHOLE LIFE INSURANCE



PARTICIPATING

GRADED PREMIUMS PAYABLE TO AGE 100

<i>SERFF Tracking Number:</i>	<i>FRCS-127088418</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Knights of Columbus</i>	<i>State Tracking Number:</i>	<i>48665</i>
<i>Company Tracking Number:</i>	<i>5501</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.121 Graded Premium - Single Life</i>
<i>Product Name:</i>	<i>Graded Premium 808 12-11</i>		
<i>Project Name/Number:</i>	<i>KOFC/151/151</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AUTH-dist ocr.pdf AR COC.pdf AR RDB.pdf		
Satisfied - Item: Application Comments: Application 600D-AR 1-09, which was approved by your Department on 04/18/08, your file number FRCS-125601792 DOI# 38674, will be used with this contract. Attachment: 600D-AR 1-09-dist.pdf		
Satisfied - Item: Statement of Variability Comments: Attachment: SOV 808-AR 12-11.pdf		
Satisfied - Item: Previously approved forms list Comments: Attachment: AR Prev Appvd Forms List.pdf		



KNIGHTS OF COLUMBUS

MAKING A DIFFERENCE FOR LIFE

January 11, 2011


To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Knights of Columbus

By: 

Title: Associate General Counsel

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Knights of Columbus

Form Title(s): Graded Premium Individual Whole Life Insurance Contract

Form Number(s): 808-AR 12-11

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Daniel C. Heffernan
Associate General Counsel

March 16, 2011

Date

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Knights of Columbus

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
808-AR 12-11	53.2



Daniel C. Heffernan
Associate General Counsel

March 16, 2011

Date

Home Office Use

KNIGHTS OF COLUMBUS
A FRATERNAL BENEFIT SOCIETY
1 Columbus Plaza
New Haven, CT 06510-3326
INSURANCE APPLICATION

Use space below for plate or Agent's name and code.
(This is for General Agent's use only.)

☐ GPO ☐ YPO Contract Number _____

Is the applicant a member of Knights of Columbus? Yes ☐
No ☐ (If yes, indicate ☐ associate member or ☐ insurance
member. If no, application for membership must be made
and approved by council.)

PRINT ANSWERS TO ALL QUESTIONS.

1. Name of Applicant: (last-first-middle initial) _____

2. (a) Council No. (b) Membership No. (c) Social Security
No. _____

of Applicant: _____

3. (a) Date of birth: (mo. day yr.) _____

INFORMATION CONCERNING PROPOSED INSURED

4. (a) Legal Name: (last-first-middle initial) (b) Sex _____

5. (a) Maiden Name: (b) Relationship to Applicant: _____

6. Address Street _____

City State Zip Code _____

7. (a) Date of Birth: (b) Issue Age: (c) Place of Birth:
(mo. day yr.) _____

8. ☐ Single ☐ Married ☐ Widowed ☐ Divorced _____

9. Social Security No. of Insured: _____

(a) Telephone No. (Day): (____) _____

(b) Telephone No. (Evening): (____) _____

(c) Email Address: _____

Owner:

Unless otherwise designated below, the owner of adult
insurance is the proposed insured and the owner of juvenile
insurance is the applicant. In the event of the death of the
owner prior to the termination of the Contract, ownership
shall pass to the contingent owner designated below:

Owner _____

Relationship to Insured _____

Address of Owner _____

City State Zip Code _____

Social Security Number or E.I.N. of Owner
(Please complete W-9 Form.) _____

Contingent Owner: _____

Payor:

Premium Payor's name and Address, if different from
Owner: (For EFT/MAC, please use name on voided check.)

10. Premium Payable: \$ _____
\$ _____ Amount Paid If even dollar premium,
Herewith: ☐ check here and indicate
no amount in section 12.

☐ Ann. ☐ M.A.C./E.F.T. **Withdrawal Day:** _____
Existing MAC Policy (ies) _____

☐ S.A. ☐ Military Allotment (branch of service) _____

☐ Q.A. ☐ Combined Billing ☐ Salary Deduction _____

11. (a) **Plan Description:** (b) **Plan Code:** _____

12. **Face Amount:** \$ _____

If even dollar premium, leave blank.

13. Indicate riders to be included:

- ☐ Waiver of Premium
- ☐ Accidental Death \$ _____ Amount
- ☐ Guaranteed Purchase Option \$ _____ Amount
- ☐ Payor Benefit (juvenile contract only) – See Declaration of Insurability below.
- ☐ _____ Year Decreasing Term \$ _____ Initial Amount
- ☐ Ten Year Level Term \$ _____ Amount (Insured)
- ☐ Ten Year Level Term \$ _____ Amount (Spouse)
- ☐ IPR _____ Yrs. _____ Units (Insured)
- ☐ IPR _____ Yrs. _____ Units (Spouse)
- ☐ Child Rider \$ _____ Amount
- ☐ SDPUA Rider \$ _____ Amount
- ☐ 20 Year Term Rider \$ _____ Amount (Insured)
- ☐ 20 Year Term Rider \$ _____ Amount (Spouse)
- ☐ Additional Protection Benefit \$ _____ Amount
- ☐ BGPO \$ _____ Amount
- ☐ Spouse's Contract's Waiver of Premium Rider
- ☐ Youth Purchase Option Rider \$ _____ Amount
- ☐ Other Rider _____
- ☐ Other Rider _____
- ☐ Other Rider _____

14. Any dividends payable under the insurance contract hereby applied for are to be:

- ☐ paid in cash ☐ applied to purchase
- ☐ applied to reduce premium ☐ paid-up additions
- ☐ held at interest ☐ paid-up additions used as Inside Additions

15. In event of a default in payment of any premium due on the insurance contract issued, shall the automatic premium loan provision, if applicable, be effective in lieu of any nonforfeiture option? Yes ☐ No ☐

16. Beneficiary -- May Complete Form 113A.

Primary Relationship to Insured

Contingent Relationship to Insured

Unless otherwise directed, beneficiaries for insurance provided by Child Rider are stated in rider.

17. Remarks:

DECLARATION OF INSURABILITY

1. List proposed insured and, if applicable, payor (for Payor Benefit Rider only) spouse, children and stepchildren under 18 years of age. Attach a separate sheet, if needed. All questions must be answered for each person listed.

First Name	Sex	Date of Birth	Height	Weight	Total Insurance in Force
Proposed Insured					
Payor					
(If Payor Benefit is applied for)					
Spouse					

First Name	Sex	Date of Birth	Height	Weight	Total Insurance in Force
Child					
Child					
Child					

2. Has any person named in Question 1 ever used tobacco or tobacco substitutes? Yes ☐ No ☐

If yes, give dates of last use below. Proposed insured(s) initial here _____.

Cigarettes	Cigars	Pipe	Snuff	Chewing tobacco	Patch, gum or any nicotine substitute
mo. _____ yr. _____	mo. _____ yr. _____	mo. _____ yr. _____	mo. _____ yr. _____	mo. _____ yr. _____	mo. _____ yr. _____

All Questions must be answered for each individual listed in Question 1.	Yes	No	Give details below for "yes" answers, including question number and person. If needed, use the space provided in number 12 or an attached separate sheet.
3. a. Are there any existing life insurance or annuity contracts on the life of the applicant?			
b. Is the insurance applied for intended to replace any existing insurance or annuities with the Knights of Columbus or another insurer?			
If the answer to either question is yes, please complete Section 14.			
4. a. Are negotiations now pending for life or health insurance on any of the proposed insureds?			
b. Has any proposed insured been declined, postponed or rated for life or health insurance or reinstatement thereof?			
c. Has any proposed insured ever made claim for sickness, accident or pension benefits?			
d. Has any life, accident or health insurance policy issued on any proposed insured been cancelled by the issuer or the renewal thereof been refused?			
5. a. Is any proposed insured contemplating making or in the past three years has any proposed insured made flights as a pilot, student pilot, crew member, or flights in other than commercial planes? If yes, complete Aviation Questionnaire.			
b. Is any proposed insured contemplating engaging in or in the past three years has any proposed insured engaged in any type of scuba diving or sky diving, racing, rodeo activities or hang gliding? (If yes, complete questionnaire.)			
c. Has any proposed insured recently traveled overseas, or is foreign travel planned or contemplated?			
6. Has any person named in Question 1 ever received treatment, attention or advice from any physician or other practitioner for, or been told by any physician or other practitioner that such person has or had:			
a. Tuberculosis, asthma, emphysema, COPD, pneumonia or other lung disease or disorder?			
b. Stroke, fainting spells, epilepsy, paralysis, depression or mental disorder, dementia, Alzheimer's, autism, nervous system or other brain disorder?			

All Questions must be answered for each individual listed in Question 1.	Yes	No	Give details below for "yes" answers, including question number and person. If needed, use the space provided in number 12 or an attached separate sheet.
c. Ulcers, colitis, rectal disorder, indigestion or other disorder of the esophagus, stomach, intestines, liver or gallbladder?			
d. Cancer, tumors, disorder of the blood or lymph glands, or endocrine disorder?			
e. Diabetes, sugar, albumin, pus or blood in the urine or other kidney or bladder disorder?			
f. Disease of the heart or blood vessels, chest pains, shortness of breath, heart enlargement, high or low blood pressure, abnormal heart rhythm or palpitations?			
g. Arthritis, gout, multiple sclerosis, or disorder of the muscles or bones?			
h. Disease or disorder of the ears, eyes, nose or throat?			
i. Disorder of the prostate, reproductive organs or breasts?			
7. Has any person named in Question 1 received treatment from any physician, or other practitioner for, or been told by any physician, other practitioner or counselor that such person has or had, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or any Disorder of the immune system?			
8. Has any person named in Question 1 been hospitalized or consulted a physician or suffered from any illness, disease or syndrome not listed above, or is any such person taking any medication not previously listed?			
9. Has any person named in Question 1 ever been advised by a health professional to seek treatment for, been treated for the excessive use of alcohol, narcotics or other habit forming drugs or been convicted of or plead guilty to a drug or alcohol related offense?			
10. Within the past three years, has any person named in Question 1 had a license suspended or had a moving traffic violation? (a) Driver's License: _____ (b) State of License: _____			

11. Primary Care Physicians or Health Facilities:

Name of Primary Care Physician or Facility	Name of Specialist
Street Address	Street Address
CityStateZip Code	CityStateZip Code
Telephone Number	Telephone Number
Date last seen: Reason last seen:	Date last seen: Reason last seen:

12. Additional remarks in answer to Questions 3 – 11:

13. All Present Occupations:	Exact Duties in Each:

14. List all life insurance, annuities and long term care policies on any proposed insured (including pending applications and reinstatements).

Company/Person Insured	Face Amount	Accidental Death Amount	Year Issued	List Contract Number if K. of C.

15. Family history: (any history of diabetes, cancer, high blood pressure, heart, kidney disorder, mental illness or suicide),

	Age	If Living State of Health (if poor, give reason)	If Deceased Age at Death	If Deceased Cause of Death
Father				
Mother				
Brothers and Sisters				

16. Citizenship: ☐United States ☐Canada (provide SIN) ☐Other (provide country and tax I.D. number)

- (1) I agree that the statements and answers contained in this application are representations and not warranties and are complete and true to the best of my knowledge and belief. **The Knights of Columbus shall not be bound by any information that is not set out in writing in this application.**
- (2) I agree that the Charter, Constitution and Laws of the Knights of Columbus now in effect or hereafter enacted including any change in the method or amount of insurance premiums, shall be binding upon me and the beneficiary.
- (3) I agree that, except for coverage which may be provided in the Temporary Insurance Agreement, no insurance will be in force because of this application until it has been approved and the minimum required premium has been paid to the Knights of Columbus.
- (4) I agree that the insurance hereby applied for shall be cancelled, if the applicant is a candidate for membership and has not been initiated into the First Degree of the Knights of Columbus within 90 days of the commencement of Temporary Insurance.

Signed at _____ this _____ day of _____, _____
City State Zip Code Year

Applicant's
Signature _____

Proposed Insured's
Signature _____
(If other than applicant)

Spouse's Signature
If covered under rider _____

Owner's
Signature _____
(If other than applicant or proposed insured)

Witness _____
Signature and I.D. Number of Writing Agent

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

A) To assist the Knights of Columbus in underwriting an application for insurance, I hereby authorize those persons or organizations listed in section B of this Authorization who possess medical or non-medical information concerning me or my children and stepchildren to permit the Knights of Columbus or its representatives, including, but not limited to: physicians, paramedics, teleunderwriters and consumer reporting agencies; to view, to copy, to be furnished a copy or to be given details of all such information. In addition to other medical or non-medical information, this Authorization applies to any information about psychiatric, drug or alcohol abuse treatment. **Please note that the term "non-medical information" consists of information obtained from a consumer investigative report which would pertain to such items as: confirmation of age, residence, marital status, employment, information as to character, general reputation, personal characteristics, avocation and mode of living.**

B) Those persons or organizations authorized to disclose medical or non-medical information concerning me or my children and stepchildren are: licensed physicians, medical practitioners, paramedics, teleunderwriters, hospitals, clinics or other medical or medically related facilities, government agencies regulating motor vehicles, insurance and reinsurance companies, consumer reporting agencies and the Medical Information Bureau.

C) Notwithstanding the provisions of sections A and B of this Authorization, the Medical Information Bureau may release information only to the Knights of Columbus.

D) I also authorize the Knights of Columbus to release any information regarding me, my children and stepchildren or our health to: the Medical Information Bureau; any company to which my application is submitted for reinsurance purposes; my Knights of Columbus agents; and to other life insurance companies with whom I have policies or to whom I may apply for insurance, or to whom a claim for benefits may be submitted.

E) I authorize the Knights of Columbus to obtain an investigative consumer report on me. I understand that I may request to be interviewed in connection with the preparation of such a report.

F) I acknowledge receiving and reading the notices regarding the Fair Credit Reporting Act, the Medical Information Bureau, Description of Information Practices and Fraud Warning.

G) This Authorization expires two years from the date shown below unless sooner revoked by writing to us at P. O. Box 1670, New Haven, Connecticut 06510-3326. A photocopy of this signed Authorization shall have the same validity as the original. I understand that I am entitled to receive a copy of this Authorization.

Signature _____
(Parent if proposed insured is under 18)

(Spouse if coverage applied for)

In presence of:

Witness

Date _____

I request that I be interviewed in the event an investigative consumer report is prepared in connection with the application. (Please initial here_____.)

WRITING AGENT'S REPORT

1. Does the proposed insured have any existing life insurance or annuity contracts? ____ Yes ____ No.

Has any life insurance or annuity contract either in force or applied for on the life of the proposed insured terminated or is termination of such insurance or annuity contemplated as a result of the issuance of the life insurance contract applied for? Yes ☐ No ☐

If the answer to either question is yes, have you complied with the requirements of the Order and your state with regard to this replacement? Yes ☐ No ☐ (Give full details under Remarks.)

2. Has any application been previously submitted to the Knights of Columbus on the life of any member of this family? Yes ☐ No ☐
Contract No. (s) _____

3. Have you any information not fully set forth in this application regarding habits, character and reputation, or state of health of any member of this family which might affect the decision of the Knights of Columbus regarding the issuing of insurance? Yes ☐ No ☐

4. Did you personally observe every proposed insured member of this family? Yes ☐ No ☐

5. How well do you know the proposed insured or family?

- ☐ Met very recently.
☐ Known slightly for _____ years.
☐ Known well for _____ years.
☐ Are you a relative? Yes ☐ No ☐

Relationship _____

6. Are all children, stepchildren or legally adopted children under attained age 18 years listed in answer to question 1 of page 2 of this application?

Yes ☐ No ☐ (If not, explain fully under remarks.)

7. If proposed insured is a juvenile, indicate number of brothers ____, sisters ____. Are they insured: Yes ☐ No ☐
If yes, indicate amount of insurance on each.

If no, explain below.

8. If proposed insured is the applicant's spouse, indicate amount of insurance on applicant. _____

9. Applicant's yearly income \$ _____ Net Worth _____
Spouse's yearly income \$ _____ Net Worth _____

10. What is the purpose of the applied for insurance?

Have you issued a receipt with this application? Yes ☐ No ☐

I certify that a copy of the notice pursuant to the Fair Credit Reporting Act, the Notice Regarding the Medical Information Bureau, the Description of Information Practices and Fraud Warning were delivered to the applicant by the undersigned on _____.

I further certify that on the date shown below: (a) I have personally seen the proposed insured; (b) I have separately and fully asked each question on pages 1 through 5 of the application and I have truly and accurately recorded the information supplied by the proposed insured, and the applicant if other than the proposed insured; and (c) the application was completed in the presence of the proposed insured, and the applicant if other than the proposed insured, who signed it in my presence.

I recommend that the Knights of Columbus consider the risk for acceptance subject to remarks below.

Date _____

Signature and I.D. Number of Writing Agent

(_____) _____
Writing Agent's Telephone Number

WRITING AGENT'S REMARKS

RECEIPT

The Knights of Columbus received \$_____ from _____ on the date shown below. This amount was paid when a life insurance application which bears the same date as this receipt was signed in which _____ is named as the proposed insured. This receipt and the Temporary Insurance Agreement set forth below are issued on the condition that any check, draft or other order or authorization for payment of money is good and can be collected.

Date: _____ Agent _____

(The above receipt must not be completed unless payment for the initial premium has been made at the time of application or unless use of existing Knights of Columbus values has been authorized. The premium check, if any, must be made payable to the Knights of Columbus. Do not make the check payable to the agent or leave the payee blank.)

TEMPORARY INSURANCE AGREEMENT

The Knights of Columbus agrees to provide Temporary Insurance as follows:

Payment of Temporary Insurance

The Temporary Insurance will be paid to the beneficiary named in the application if any person who is to be covered by the insurance contract applied for dies while the Temporary Insurance is in force.

Amount of Temporary Insurance

This Agreement provides Temporary Insurance for any person who is to be covered by the insurance contract applied for in the amount applied for on that person or \$300,000, whichever is less. (See Special Limitation 1 below.)

Commencement of Temporary Insurance

The Temporary Insurance will start when all medical exams, paramedical exams, telemedical exams, laboratory tests and reports required at time of application are completed. If no exams, tests or reports are required, the Temporary Insurance will start on the date of the above Receipt.

Duration of Temporary Insurance

Unless this Temporary Insurance ends sooner for one of the three reasons listed in the Termination of Temporary Insurance section below, it will end 90 days after it starts.

Termination of Temporary Insurance

1. The Temporary Insurance will end when the Knights of Columbus issues the insurance contract as applied for.
2. The Temporary Insurance will end when the Knights of Columbus issues an insurance contract other than as applied for, and the contract is accepted by the contract owner.
3. The Temporary Insurance will end when the Knights of Columbus refunds the initial premium or restores the existing values used to pay the initial premium.

Special Limitations Applicable to Temporary Insurance Agreement

1. In the event that more than one Temporary Insurance Agreement is in force at the time of a proposed insured's death, the maximum total amount payable under all such Agreements will be \$300,000.
2. If any proposed insured dies by suicide, the liability of the Knights of Columbus under this Agreement is limited to a refund of the payment made.
3. No Temporary Insurance will be provided with respect to a child to be insured under the insurance contract applied for or under a Family Insurance Rider or Children's Insurance Rider, if death occurs while such child is less than 15 days old.
4. No Temporary Insurance will be provided with respect to any proposed insured who is to be insured under an insurance contract applied for under the provisions of a Guaranteed Purchase Option Rider or a Youth Purchase Option Rider.
5. No Temporary Insurance will be provided for any insurance coverage paid for by funds transferred from another insurer as part of a Section 1035 exchange.
6. Fraud or material misrepresentation in the application invalidates this Agreement. In the event of fraud or material misrepresentation, the liability of the Knights of Columbus is limited to a refund of any payment made.
7. No change may be made in the terms and conditions of this Agreement. No statement which claims to make such a change will bind the Knights of Columbus.

NOTICE TO PROPOSED INSURED

Fair Credit Reporting Act

Federal and state laws require us to notify you that, in connection with our consideration of this application, we may request and obtain an investigative consumer report. In addition, such a report may be requested subsequently to update our records. We may also request one, if you apply for more coverage.

The report may contain information as to character, general reputation, personal characteristics and mode of living and driving record. It may be obtained through an interview with: you, an adult member of your family, friends, neighbors, business associates, other persons with whom you are acquainted, or government agencies regulating motor vehicles. The report will also consist, when applicable, of a confirmation of your age, residence, marital status, employment and the like.

You have the right, upon written request, to be informed whether or not an investigative consumer report was obtained by us. Send your request to: Medical Director, Knights of Columbus, P. O. Box 1670, New Haven, Connecticut 06510-3326. If it was obtained, we are required to furnish the name and address of the consumer reporting agency and to furnish detailed information concerning the nature and scope of the report. Where the name and address of the consumer reporting agency are furnished, the report may be inspected and a copy may be obtained by contacting the agency.

NOTICE REGARDING THE MEDICAL INFORMATION BUREAU (MIB)

This MIB is a non-profit organization which operates as an information exchange for its members. The Knights of Columbus is a member of the MIB.

We make reports to the MIB on factors affecting your insurability. We will not inform them of our decision on your applications. If you subsequently apply to another MIB member company for life or health insurance or submit a claim for benefits, the MIB will, upon request, supply that company with information in its files. The Knights of Columbus or its reinsurers may also release information in its files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Upon written request, the MIB will arrange disclosure of any information it may have on you in its file. If you feel the information in the MIB file is not correct, you may contact the MIB and seek a correction in accordance with procedures outlined in the Federal Fair Credit Reporting Act.

The MIB's address is: MIB, Inc., P. O. Box 105, Essex Station, Boston, Massachusetts 02112. The MIB's telephone number is: (866) 692-6901 (TTY 866-346-3642 for hearing impaired). The MIB's web address is: www.mib.com.

DESCRIPTION OF INFORMATION PRACTICES

Collection of Information

In order to properly underwrite your insurance coverage, we must collect a certain amount of necessary and helpful information. The amount and type of information collected may vary depending on the amount and type of coverage applied for. In general, we may seek information about: your age, occupation, physical condition, health history, mode of living, avocations and other personal characteristics.

You are our most important source of information, but we may also collect or verify information by contacting: medical professionals and institutions which have provided care to you or members of your family proposed for coverage, employers and business associates, friends and neighbors, and other insurance companies you have applied to. We may collect information by exchanges of correspondence, by phone, or by personal contact.

In some cases, we may ask an insurance support organization to collect information and submit an investigative consumer report to us. That organization may retain a copy of the report and may disclose its contents to others for whom it performs such services.

Disclosure of Information

In some circumstances, the Knights of Columbus will make disclosures of personal information to third parties. Following is a brief description of some of the persons or organizations to whom certain items of information might be disclosed: the Medical Information Bureau, our reinsurers, our agents, and other insurance companies to which you have applied for coverage or benefits.

The above describes some of the disclosures which may be made, not disclosures which are always or even often made. In any event, the information disclosed will be only as much as is reasonably necessary to accomplish the intended purpose.

Access and Correction

There are procedures by which you can obtain access to personal information about you appearing in our files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request.

Obtaining Additional Information

We hope that you find this description of our information practices helpful. We take our responsibilities, and your rights, very seriously. If you have any further questions about the items just discussed please write to: Knights of Columbus, at P. O. Box 1670, New Haven, Connecticut 06510-3326.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

KNIGHTS OF COLUMBUS
Statement of Variable Material
Policy Form 808-AR 12-11
April 27, 2011

The following is an explanation of the variable material, which is bracketed, in this Contract.

Policy 808-AR 12-11

Page No.	Bracketed Item	Explanation of Variable Material
1 Cover	Insured's Name, Issue Age, Sex, Register Date, Issue Date, Contract Number, Contract Amount	This is John Doe information, based on a male age 35, and will be based on the amount of the Contract Amount. Issue ages are 0-70. The minimum issue amount is \$5,000, and there is no maximum amount for any of the issue ages.
1 Cover	Address, phone number and Officers signatures	The possibility that over time the Home Office could have a different address by relocating and the Officers names will change over time.
Page 2	Address in definition of "Home Office"	The possibility that over time the Home Office could have a different address.
Page 3	Insured's Name, Issue Age and Sex. Register Date, Issue Date, Contract Number, Contract Amount, Class, and Council #	This is John Doe information and will be based a male age 35 and on the Contract Amount. For issue ages 18-70, the class would be either: Tobacco, Premier Tobacco, Non-Tobacco, Premium Non-Tobacco or Ultra Premier Non-Tobacco. For issues ages 0-17, the class will be Youth.
Page 3	Amount of Contractual Premiums for all benefits in Year 1 shown for all modes, EFT, Monthly, Quarterly, Semi-Annual and Annual.	This is John Doe information and will be based a male age 35 and on the Contract Amount. The minimum is \$5,000 or a lower amount if needed to fulfill contractual obligation resulting from the exercise of an existing rider. There is no maximum amount.
Page 3	Benefit Amount, Annual premium for each of the five different steps.	This is John Doe information and will be based a male age 35 and on the Contract Amount. The minimum is \$5,000 or a lower amount if needed to fulfill contractual obligation resulting from the exercise of an existing rider. There is no maximum amount. Each step's duration is five years, and premium increase 25% each successive step for a maximum of five steps, but an increase shall not occur after attained age 75.
Page 3A	Insured's Name, Issue Age and Sex. Contract Amount and Contract Number. In the Table of Values, the Annual Contract Date, Insurance Age, Guaranteed Cash Value, Paid-Up Insurance, Extended Term Years and Days	This is John Doe information, and the Table of Values will be the guaranteed cash values shown as of the end of the Contract Year when all premium payments due have been made.

(Continued on next page)

Policy 808-AR 12-11 (continued)

Page 3A	2001 CSO table in the footnote at the bottom of the page.	<p>This information will vary depending on the sex, age and smoker classification of the insured as follows:</p> <ul style="list-style-type: none">• Male Tobacco (Issue Ages 18 or older): 2001 Commissioners Standard Ordinary (CSO) Smoker Mortality Table, Male, Ultimate Only, Age Nearest Birthday• Female Tobacco (Issue Ages 18 or older): 2001 Commissioners Standard Ordinary (CSO) Smoker Mortality Table, Female, Ultimate Only, Age Nearest Birthday• Male Non-Tobacco (Issue Ages 18 or older): 2001 Commissioners Standard Ordinary (CSO) Nonsmoker Mortality Table, Male, Ultimate Only, Age Nearest Birthday• Female Non-Tobacco (Issue Ages 18 or older): 2001 Commissioners Standard Ordinary (CSO) Nonsmoker Mortality Table, Female, Ultimate Only, Age Nearest Birthday• Male Youth (Issue Ages 0 thru 17): 2001 Commissioners Standard Ordinary (CSO) Composite Mortality Table, Male Ultimate Only, Age Nearest Birthday• Female Youth (Issue Ages 0 thru 17): 2001 Commissioners Standard Ordinary (CSO) Composite Mortality Table, Female, Ultimate Only, Age Nearest Birthday.
Back Cover	City and State	The Home Office could relocate.

ARKANSAS

State Product Component Form Number	State Product Filing SERFF Tracking # or File # if applicable	State Product Component Approval Date	State Product Component Document Name/Description
65 1-97		04/24/97	Spouse's Contract's Waiver of Premium Rider
81L 6-09	FRCS-126121409	05/05/09	Level Term Insurance Rider
700 4-90		05/07/90	Accidental Death Benefit Rider
720 10-93		11/08/93	Waiver of Premium Rider
760 8-01		10/26/01	Payor Death Benefit Rider
761 8-01		08/05/02	Payor Death and Disability Benefit Rider
765 2-85		03/05/85	Income Protection Rider
600D-AR 1-09	FRCS-125601792	04/18/08	Life Application
813-SDPUA 1-08	FRCS-125359962	11/30/07	Single Deposit Paid Up Additions Rider
812-PUA 1-08	FRCS-125618772	04/29/08	Additional Deposit Paid Up Insurance Rider
845-GPO 1-08	FRCS-125305971	10/08/07	Guaranteed Purchase Option Rider
814-PUA 5-11	FRCS-126988146	01/21/11	Additional Deposit Paid Up Insurance Rider
81C CIR 1-08	FRCS-125305971	10/08/07	Children's Term Insurance Rider
818-SLR 3-11	FRCS-126875777	12/09/10	Supplemental Life Insurance Rider